

		FOR OHF USE					

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2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: <u>0014258</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																															
Facility Name: <u>Anchorage of Bensenville</u>		<p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/2003</u> to <u>06/30/2004</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>																																															
Address: <u>111 East Washington Street</u> <u>Bensenville</u> <u>60106</u> Number City Zip Code																																																	
County: <u>Du Page</u>																																																	
Telephone Number: <u>630-766-5800</u> Fax # <u>630-860-5130</u>																																																	
IDPA ID Number: <u>36-2166970-001</u>																																																	
Date of Initial License for Current Owners: <u>09/03/1905</u>		<div>Officer or Administrator of Provider</div> <div>(Signed) _____ (Date) _____</div> <div>(Type or Print Name) <u>Thomas L. Noesen, Jr.</u></div> <div>(Title) <u>Treasurer</u></div>																																															
Type of Ownership: <table><tr><td><input checked="" type="checkbox"/></td><td>VOLUNTARY,NON-PROFIT</td><td><input type="checkbox"/></td><td>PROPRIETARY</td><td><input type="checkbox"/></td><td>GOVERNMENTAL</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Charitable Corp.</td><td><input type="checkbox"/></td><td>Individual</td><td><input type="checkbox"/></td><td>State</td></tr><tr><td><input type="checkbox"/></td><td>Trust</td><td><input type="checkbox"/></td><td>Partnership</td><td><input type="checkbox"/></td><td>County</td></tr><tr><td colspan="2">IRS Exemption Code <u>501(c)3</u></td><td><input type="checkbox"/></td><td>Corporation</td><td><input type="checkbox"/></td><td>Other _____</td></tr><tr><td colspan="2"></td><td><input type="checkbox"/></td><td>"Sub-S" Corp.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td><input type="checkbox"/></td><td>Limited Liability Co.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td><input type="checkbox"/></td><td>Trust</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td><input type="checkbox"/></td><td>Other _____</td><td colspan="2"></td></tr></table>				<input checked="" type="checkbox"/>	VOLUNTARY,NON-PROFIT	<input type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL	<input checked="" type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County	IRS Exemption Code <u>501(c)3</u>		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other _____			<input type="checkbox"/>	"Sub-S" Corp.	_____				<input type="checkbox"/>	Limited Liability Co.	_____				<input type="checkbox"/>	Trust					<input type="checkbox"/>	Other _____
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		<input type="checkbox"/>	Limited Liability Co.	_____																																													
		<input type="checkbox"/>	Trust																																														
		<input type="checkbox"/>	Other _____																																														
In the event there are further questions about this report, please contact: Name: <u>Donald H. Primdahl</u> Telephone Number: <u>630-521-8034</u>		<div>Paid Preparer</div> <div>(Print Name and Title) _____</div> <div>(Firm Name & Address) _____</div> <div>(Telephone) <u>()</u> Fax # <u>()</u></div> <div>MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</div>																																															

#	0014258	Report Period Beginning:	07/01/2003	Ending:	06/30/2004
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D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)

**E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)**

F. Does the facility maintain a daily midnight census?

YES ☒ NO ☐

YES ☒ NO ☐

Date started 1953

YES ☐ Date _____ NO ☒

YES ☒ NO ☐ If YES, enter number
of beds certified 45 and days of care provided

Medicare Intermediary Adminastar Federal, Inc.

ACCUAL	<input checked="" type="checkbox"/>	MODIFIED		
CASH*	<input type="checkbox"/>	CASH*	<input type="checkbox"/>	

Is your fiscal year identical to your tax year?

Tax Year: 06/30/2004 **Fiscal Year:** 06/30/2004

*** All facilities other than governmental must report on the accrual basis.**

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	15,915	3,226	6,007	25,148	8
9	SNF/PED					9
10	ICF	23,211	9,879	0	33,090	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	39,126	13,105	6,007	58,238	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.72%

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	518,582	60,317	284,034	862,933	6,106	869,039		869,039		1
2	Food Purchase		576,339		576,339	(83)	576,256	(133,314)	442,942		2
3	Housekeeping	268,417	54,553	5	322,975	720	323,695		323,695		3
4	Laundry	84,297	8,784	186	93,267		93,267		93,267		4
5	Heat and Other Utilities			325,908	325,908	(280)	325,628		325,628		5
6	Maintenance	168,017	28,617	102,739	299,373		299,373		299,373		6
7	Other (specify):*										7
8	TOTAL General Services	1,039,313	728,610	712,872	2,480,795	6,463	2,487,258	(133,314)	2,353,944		8
	B. Health Care and Programs										
9	Medical Director			40,270	40,270		40,270		40,270		9
10	Nursing and Medical Records	3,419,279	611,762	80,163	4,111,204	(7,255)	4,103,949		4,103,949		10
10a	Therapy	76,367	1,493	591,019	668,879		668,879		668,879		10a
11	Activities	103,230	1,375	15,450	120,055	31,609	151,664	(9,191)	142,473		11
12	Social Services	172,617		1,850	174,467		174,467		174,467		12
13	Nurse Aide Training										13
14	Program Transportation	11,355		9,804	21,159		21,159		21,159		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,782,848	614,630	738,556	5,136,034	24,354	5,160,388	(9,191)	5,151,197		16
	C. General Administration										
17	Administrative	86,642			86,642	232,208	318,850		318,850		17
18	Directors Fees										18
19	Professional Services			1,028,640	1,028,640	(340,162)	688,478	(495,286)	193,192		19
20	Dues, Fees, Subscriptions & Promotions			31,274	31,274	1,343	32,617	(7,992)	24,625		20
21	Clerical & General Office Expenses	284,756	34,841	288,477	608,074	31,280	639,354	(188,057)	451,297		21
22	Employee Benefits & Payroll Taxes			1,357,879	1,357,879	35,624	1,393,503		1,393,503		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,865	3,865	1,265	5,130		5,130		24
25	Other Admin. Staff Transportation			624	624	8,300	8,924		8,924		25
26	Insurance-Prop.Liab.Malpractice			170,610	170,610		170,610		170,610		26
27	Other (specify):*										27
28	TOTAL General Administration	371,398	34,841	2,881,369	3,287,608	(30,142)	3,257,466	(691,335)	2,566,131		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,193,559	1,378,081	4,332,797	10,904,437	675	10,905,112	(833,840)	10,071,272		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			341,468	341,468		341,468	2,041	343,509			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			151,651	151,651		151,651	(2,902)	148,749			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			102,844	102,844	(102,844)						35
36	Other (specify):*											36
37	TOTAL Ownership			595,963	595,963	(102,844)	493,119	(861)	492,258			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		38,771		38,771	101,057	139,828		139,828			39
40	Barber and Beauty Shops		51		51		51		51			40
41	Coffee and Gift Shops					1,112	1,112		1,112			41
42	Provider Participation Fee			123,708	123,708		123,708		123,708			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		38,822	123,708	162,530	102,169	264,699		264,699			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,193,559	1,416,903	5,052,468	11,662,930		11,662,930	(834,701)	10,828,229			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(133,314)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(7,816)	11		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	2,041	30		9
10	Interest and Other Investment Income	(2,902)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(4,600)	19		18
19	Entertainment				19
20	Contributions	(1,375)	11		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(188,057)	21		24
25	Fund Raising, Advertising and Promotional	(7,992)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (344,015)		\$	30

OHF USE ONLY							
48		49		50		51	
						52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule VIII-B	(470,946)	19	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (470,946)		36
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (814,961)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops	X		1,112	2	40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs					43
44	Exceptional Care Program	X		101,057	VAR	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 102,169		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2	LSN CONFERENCE RECORDED TWICE		2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
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35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Anchorage of Bensenville # 0014258 Report Period Beginning: 07/01/2003 Ending: 06/30/2004
SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(133,314)	0	0	0	0	0	0	0	0	0	0	(133,314)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(133,314)	0	0	0	0	0	0	0	0	0	0	(133,314)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(9,191)	0	0	0	0	0	0	0	0	0	0	(9,191)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(9,191)	0	0	0	0	0	0	0	0	0	0	(9,191)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(475,546)	(19,740)	0	0	0	0	0	0	0	0	0	(495,286)	19
20	Fees, Subscriptions & Promotions	(7,992)	0	0	0	0	0	0	0	0	0	0	(7,992)	20
21	Clerical & General Office Expenses	(188,057)	0	0	0	0	0	0	0	0	0	0	(188,057)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(671,595)	(19,740)	0	0	0	0	0	0	0	0	0	(691,335)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(814,100)	(19,740)	0	0	0	0	0	0	0	0	0	(833,840)	29

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Bensenville Home Society	100	Anchorage of Beecher	Beecher	Lifelink Area		Independent
Lifelink Corporation (BHS Parent)	100	Pine Acres Care Center	DeKalb	Housing	Various	Living
				Bridgeway of		Independent
				Bensenville	Bensenville	Living
				Lifelink Charities	Bensenville	Fund Raising
				Lifelink Services	Bensenville	Proj. Devel.
				See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	19	Management Fees	\$ 47,363	Lifelink Corporation (V.P. Health Care)	100.00%	\$ 28,817	\$ (18,546)	1
2	V	19	Management Fees	39,724	Lifelink Corporation (Pastoral Care)	100.00%	38,530	(1,194)	2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 87,087			\$ 67,347	\$ * (19,740)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2	NO COMPENSATION IS PAID TO ANY OWNERS, RELATIVES OR BOARD MEMBERS										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Anchorage of Bensenville # 0014258 Report Period Beginning: 07/01/2003 Ending: 6/30/2004

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	17	ADMINISTRATION	DIRECT PROG. COST	64,735,304	12	\$ 1,172,189	\$ 1,172,189	11,662,930	\$ 211,186	1
2	19	PROFESSIONAL SERVICES	DIRECT PROG. COST	64,735,304	12	276,186		11,662,930	49,759	2
3	20	FEES, SUBSCRIPTIONS, PROM	DIRECT PROG. COST	64,735,304	12	5,447		11,662,930	981	3
4	21	GEN. OFFICE EXPENSE	DIRECT PROG. COST	64,735,304	12	59,494		11,662,930	10,719	4
5	22	EMP. TAXES & BENEFITS	DIRECT PROG. COST	64,735,304	12	243,432		11,662,930	43,858	5
6	24	TRAVEL & SEMINARS	DIRECT PROG. COST	64,735,304	12	6,528		11,662,930	1,176	6
7	25	OTHER STAFF TRANS.	DIRECT PROG. COST	64,735,304	12	27,275		11,662,930	4,914	7
8	35	RENTAL EQUIPMENT	DIRECT PROG. COST	64,735,304	12	836		11,662,930	151	8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,791,387	\$ 1,172,189		\$ 322,744	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1			X	REFINANCE MORTGAGE	***	***	\$ ***	\$ ***	***	***	\$ 151,651	1	
2				AND CAPITAL PROJECTS								2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$	\$			\$ 151,651	9	
	B. Non-Facility Related*												
10												10	
11				*** SEE ATTACHED								11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$	\$			\$ 151,651	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																																
1. Real Estate Tax accrual used on 2003 report.			\$	0	1																													
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	0	2																													
3. Under or (over) accrual (line 2 minus line 1).			\$	0	3																													
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	0	4																													
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	0	5																													
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	0	6																													
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	0	7																													
Real Estate Tax History:																																		
Real Estate Tax Bill for Calendar Year:		<table><tr><td>1999</td><td>0</td><td>8</td></tr><tr><td>2000</td><td>0</td><td>9</td></tr><tr><td>2001</td><td>0</td><td>10</td></tr><tr><td>2002</td><td>0</td><td>11</td></tr><tr><td>2003</td><td>0</td><td>12</td></tr></table>	1999	0	8	2000	0	9	2001	0	10	2002	0	11	2003	0	12	<table><tr><td></td><td>FOR OHF USE ONLY</td><td></td></tr><tr><td>13</td><td>FROM R. E. TAX STATEMENT FOR 2003 \$</td><td>13</td></tr><tr><td>14</td><td>PLUS APPEAL COST FROM LINE 5 \$</td><td>14</td></tr><tr><td>15</td><td>LESS REFUND FROM LINE 6 \$</td><td>15</td></tr><tr><td>16</td><td>AMOUNT TO USE FOR RATE CALCULATION \$</td><td>16</td></tr></table>			FOR OHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2003 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
1999	0	8																																
2000	0	9																																
2001	0	10																																
2002	0	11																																
2003	0	12																																
	FOR OHF USE ONLY																																	
13	FROM R. E. TAX STATEMENT FOR 2003 \$	13																																
14	PLUS APPEAL COST FROM LINE 5 \$	14																																
15	LESS REFUND FROM LINE 6 \$	15																																
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																																

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO:

Long Term Care Facilities with Real Estate Tax Rates

RE:

2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Anchorage of Bensenville

COUNTY

Du Page

FACILITY IDPH LICENSE NUMBER

0014258

CONTACT PERSON REGARDING THIS REPORT

Donald H. Primdahl

TELEPHONE

630-521-8034

FAX #:

630-521-8067

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

	(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
	Tax Index Number	Property Description	Total Tax	
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

X. BUILDING AND GENERAL INFORMATION:

- A. Square Feet: 139,890
- B. General Construction Type: Exterior BRICK
- Frame
- Number of Stories 1
- C. Does the Operating Entity? ☒ (a) Own the Facility ☐ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.
- (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)
- D. Does the Operating Entity? ☒ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization. ☐ (c) Rent equipment from Completely Unrelated Organization.
- (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)
- E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

BENSENVILLE HOME SOCIETY'S CHILD & FAMILY SERVICES/NORTH HOUSE BUILDING - OFFICE SPACE (51,307 SQ. FT.)

LIFELINK AREA HOUSING'S CASTLE TOWERS - LOW INCOME SENIOR CITIZENS & HANDICAPPED APARTMENTS (110,000 SQ. FT. - 149 UNITS)

BENSENVILLE HOME SOCIETY'S MEADOW CREST UNITS - TOWN HOMES FOR SENIOR CITIZENS (12,500 SQ. FT. - 4 BUILDINGS / 13 UNITS)

BRIDGEWAY OF BENSENVILLE - CCRC FOR SENIOR CITIZENS (206,400 SQ. FT. - 160 UNITS)

- F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO
- If so, please complete the following:
1. Total Amount Incurred:
2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization:
4. Dates Incurred:
- Nature of Costs:
- (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	LONG TERM CARE	789,200	PRE 1900	\$ 14,628	1
2					2
3	TOTALS	789,200		\$ 14,628	3

Facility Name & ID Number Anchorage of Bensenville

0014258

Report Period Beginning:

07/01/2003

Ending:

06/30/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	46		1953	1953	\$ 542,515	\$ 8,346	30	\$	(8,346)	\$ 542,515	4
5	137		1975	1975	3,200,989	80,025	40	80,025		2,274,299	5
6	47		1977	1977	906,521	22,663	40	22,663		611,902	6
7			1985	1985	148,230	4,941	30	4,941		93,879	7
8			1995	1995	789,192	37,007	30	26,306	(10,701)	260,631	8
	Improvement Type**										
9	1985 ADMINISTRATION BLDG. RENOVATION			1985	312,657	7,816	40	7,816		238,311	9
10	1986 ADMINISTRATION BLDG. RENOVATION			1986	24,092	602	40	602		17,264	10
11	Unit E Renovation			1957	4,240					4,240	11
12	Unit E Renovation			1975	260,929					260,929	12
13	Building Improvement			1978	11,519					11,519	13
14	Unit D Improvement			1978	15,183					15,183	14
15	Unit E Improvement			1978	5,317					5,317	15
16	Flag Pole			1979	537					537	16
17	Unit A Improvement			1979	2,000					2,000	17
18	Building Improvement			1980	12,975					12,975	18
19	Walk and Road Improvements			1980	11,941					11,941	19
20	Unit E Improvement			1980	9,609					9,609	20
21	Hatco Booster Heater Repairs			1980	1,010					1,010	21
22	Install Wire Shelving in Kitchen			1981	696					696	22
23	Kitchen and Boiler Room Improvements			1981	77,047					77,047	23
24	Patch Roof Center Court			1982	18,225					18,225	24
25	Driveway Improvements-Service Area			1982	4,771					4,771	25
26	Parking lot Improvements-Unit E			1982	1,660					1,660	26
27	Custom Draperies Unit C			1982	1,031					1,031	27
28	Heating System Unit E			1982	4,035					4,035	28
29	Driveway Improvements			1983	17,447					17,447	29
30	Kitchen Remodeling			1983	2,228					2,228	30
31	UNIT E HVAC AND PIPING			1983	11,290		20			11,290	31
32	Boiler Installation			1984	40,657					40,657	32
33	Oxygen Concentrator			1984	1,300					1,300	33
34	Dining Room Remodeling			1985	30,461					30,461	34
35	Unit E Lounge Remodeling			1985	20,349					20,349	35
36	Commpressor for Units A & B			1985	2,219					2,219	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Anchorage of Bensenville

0014258

Report Period Beginning:

07/01/2003

Ending:

06/30/2004

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Dietary Dock Improvements	1985	\$ 1,700	\$		\$	\$	\$ 1,700	37
38	Duct Work - Laundry	1985	888					888	38
39	Ainstallation of Kiln - Activities	1985	1,555					1,555	39
40	Unit E Building	1986	619					619	40
41	Kitchen Tile	1986	1,985					1,985	41
42	Carpeting Unit A Lounge	1986	493					493	42
43	Door Frame for Kitchen	1987	1,020					1,020	43
44	New Roof for Units B and C	1987	144,167					144,167	44
45	Repair Shower Walls Units B and C	1987	4,244					4,244	45
46	ADMINISTRATION RENOVATION	1987	2,318	58	40	58		1,013	46
47	Boiler Tube Replacement	1988	6,360					6,360	47
48	Two Way Radios-Resident Van	1988	1,830					1,830	48
49	New Roof for Units B and C	1988	2,575					2,575	49
50	Partial Renovation - Chaplins Office & Mkt Place	1988	7,114					7,114	50
51	Floor Repairs	1988	3,055					3,055	51
52	Installation of Cooling Unit	1988	23,000					23,000	52
53	Fabricate and Paint Walls Mkt. Place & Conf. Rm	1988	1,207					1,207	53
54	Dining Room Sound System	1988	522					522	54
55	Installation of Sound System - Activities	1988	4,374					4,374	55
56	SIDEWALK AND PAVEMENT REPAIR	1988	14,491		20	725	725	11,595	56
57	Unit E Kitchenette Repairs	1989	1,658					1,658	57
58	Center Lounge Renovation - Carpeting, Painting	1989	16,876					16,876	58
59	Trash Compactor	1989	9,117					9,117	59
60	Retile Resident Rooms	1989	1,152					1,152	60
61	Remove and Replace Tile - Kitchen	1989	7,212					7,212	61
62	ASPHALT REPAIRS	1989	49,263		16	3,079	3,079	43,106	62
63	CONCRETE REPAIRS	1989	31,335		20	1,566	1,566	23,498	63
64	UNITS C/D APPOLO BATH TUBS	1989	23,824		15	1,590	1,590	23,824	64
65	New Roof for Units A and E	1990	140,927					140,927	65
66	Repairs to Units A & D	1990	4,783					4,783	66
67	Partial Sun Shade Unit D	1990	5,288					5,288	67
68	Renovation of Unit D Tubroom	1990	2,205					2,205	68
69	Replace Part of Carpeting in Lounge	1990	528					528	69
70	TOTAL (lines 4 thru 69)		\$ 7,010,557	\$ 161,458		\$ 149,371	\$ (12,087)	\$ 5,106,967	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Anchorage of Bensenville

0014258

Report Period Beginning:

07/01/2003

Ending:

06/30/2004

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,010,557	\$ 161,458		\$ 149,371	\$ (12,087)	\$ 5,106,967	1
2	Automatic Sliding Door	1990	11,116					11,116	2
3	Sound System - Dining Room	1990	5,207					5,207	3
4	Hot Water Tank Burner - Laundry	1990	3,948					3,948	4
5	CONCRETE REPAIRS	1990	2,455		20	123	123	1,722	5
6	ROOF REPAIRS UNITS A/E	1990	13,011		8			13,011	6
7	FITTING FOR DIESAL FUEL TANK	1990	2,965		20	148	148	2,073	7
8	UNIT E ELECTRIC PANEL	1990	12,692		20	635	635	8,890	8
9	BOILER ROOM REPAIRS	1990	4,726		20	236	236	3,305	9
10	ELECTRIC PANEL FOR EMERGENCY GENERATOR	1990	6,290		20	314	314	4,397	10
11	LAUNDRY RENOVATION	1990	243,583		20	12,179	12,179	165,432	11
12	Rubber Adhered Roofing	1991	45,180					45,180	12
13	Installation Two Ton Cooling System - Laundry	1991	1,200					1,200	13
14	HVAC UPGRADE	1991	110,268		20	5,513	5,513	70,751	14
15	BACK FLOW PREVENTERS	1991	3,953		10			3,953	15
16	UNIT D HEAVY DUTY LIFTER	1991	1,275		15	85	85	1,105	16
17	HVAC UPGRADE	1992	32,784		20	1,639	1,639	21,308	17
18	REMODEL ICECREAM PARLOR	1992	11,388		20	569	569	7,397	18
19	MARKET PLACE/MURAL RENOVATION	1992	7,824		20	391	391	5,085	19
20	HANDICAPPED RAMPS	1992	55,125		10			55,125	20
21	REDECORATE UNITS A/E & CENTER LOUNGE	1992	15,439		8			15,439	21
22	REDECORATE ADMIN. OFFICE/CONF. ROOM	1992	8,290		8			8,290	22
23	GAS PIPING FOR LAUNDRY	1992	2,093		25	84	84	1,028	23
24	BIRD AVIARY	1992	6,780		10			6,780	24
25	REDECORATE STAFF DINNING ROOM	1992	5,852		8			5,852	25
26	ICECREAM PARLOR CABINETS AND SINK	1992	3,239		20	162	162	1,998	26
27	CONCRETE REPAIRS	1993	5,465	165	20	273	108	3,277	27
28	INSTALL HVAC EQUIPMENT - MAINTENANCE	1993	15,570		20	779	779	9,087	28
29	INSTALL TILE - COMMON AREA	1993	15,647		8			15,647	29
30	BEATY SHOP RENOVATION	1993	21,100		8			21,100	30
31	ELECTRICAL WIRING - BOILER	1993	4,200		20	210	210	2,433	31
32	HEAVY DUTY DRAPES AND RODS	1993	2,887		10			2,887	32
33	UNIT C ELECTRIC LOCKING DOORS	1993	6,385		10			6,385	33
34	TOTAL (lines 1 thru 33)		\$ 7,698,494	\$ 161,623		\$ 172,711	\$ 11,088	\$ 5,637,375	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Anchorage of Bensenville

0014258

Report Period Beginning:

07/01/2003

Ending:

06/30/2004

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,698,494	\$ 161,623		\$ 172,711	\$ 11,088	\$ 5,637,375	1
2	UNIT D CORRIDOR REDECORATION	1993	23,595		8			23,595	2
3	LAUNDRY MAGNETIC DOOR HOLDER	1993	500		10			500	3
4	CHAPEL RENOVATIONS	1993	41,100		8			41,000	4
5	RENOVATE FAMILY DINNING ROOM	1993	6,475		8			6,475	5
6	KITCHEN WIRING AND FLOOR REPAIR	1993	1,068		8			1,068	6
7	WALK-IN FREEZER COIL	1993	2,699		8			2,699	7
8	6 X 4 LAMP FIXTURES - REHAB/ACTIVITIES	1993	1,113		10			1,113	8
9	ACTIVITIES KILN VENT	1993	5,070	42	10	42		5,070	9
10	REPLACE GAS LINE TO FURNACE	1993	5,057		25	202	202	2,408	10
11	ASPHALT WORK	1994	6,720	672	16	420	(252)	4,375	11
12	BATHROOM AND COMMON AREA RENOVATION	1994	26,510	1,325	8		(1,325)	26,510	12
13	BOILER ROOM AIR UNIT	1994	10,754	537	10		(537)	10,754	13
14	KITCHEN RECEPTACLES	1994	2,081	208	10	208		1,977	14
15	ACTIVITY AREA RENOVATION	1994	19,905	1,493	8		(1,493)	19,905	15
16	(40) SECURITY LIGHT FIXTURES	1995	7,600	760	10	760		7,220	16
17	(2) PUSHER PLATES, RECEIVERS & TRANSFORMERS	1995	1,080	108	20	54	(54)	513	17
18	(153) PAIRS OF DRAPES	1995	32,900	3,290	10	3,290		31,255	18
19	DOOR ALARM SYSTEM	1995	7,752	775	20	388	(387)	3,524	19
20	UNIT C NURSING STATION	1995	2,700	270	10	270		2,318	20
21	REPLACE KITCHEN PLUMBING VALVES	1995	4,245	424	10	424		3,750	21
22	TILE WALK-IN FREEZER	1995	4,243	424	8		(424)	4,243	22
23	KITCHEN PRESSURE DUMPSTER PAD	1995	1,840	184	10	184		1,671	23
24	REWIRE SMOKE DETECTORS	1996	2,579		8	218	218	2,579	24
25	SECURITY SYSTEM	1996	28,298	2,830	10	2,830		24,055	25
26	UNIT D SHOWER RENOVATION	1996	21,625	2,162	10	2,162		17,480	26
27	SEAL PARKING AREAS	1997	7,997	800	16	500	(300)	3,542	27
28	NEW GARAGE/STORAGE BUILDING	1997	12,348	412	30	412		2,779	28
29	AWNING EXTENSION/ROOF	1998	2,769	92	30	92		561	29
30	(12) VARIABLE AIR VOLUME CONTROLERS - UNIT D	1998	11,700	1,170	30	390	(780)	2,438	30
31	KICON REINFORCED WALL BOARDS - KITCHEN	1998	4,092	410	10	410		2,558	31
32	S/S WALL PANEL - KITCHEN	1998	3,700	370	10	370		2,312	32
33	ELECTRICAL WORK - KITCHEN	1998	1,034	103	10	103		646	33
34	TOTAL (lines 1 thru 33)		\$ 8,009,643	\$ 180,484		\$ 186,440	\$ 5,956	\$ 5,898,268	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 335,777	\$ 32,603	\$ 32,603	\$	5 TO 10	\$ 201,949	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	666,996				5 TO 10	666,996	73
74								74
75	TOTALS	\$ 1,002,773	\$ 32,603	\$ 32,603	\$		\$ 868,945	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	RESIDENT TRANSP.	1997 DODGE RAM VAN	1997	\$ 22,586	\$ 628	\$ 628	\$	6	\$ 22,586	76
77										77
78										78
79										79
80	TOTALS			\$ 22,586	\$ 628	\$ 628	\$		\$ 22,586	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,414,220	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 341,468	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 343,509	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 2,041	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,397,258	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-
-

9. Option to Buy:
- ☐ YES
- ☐ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☐ NO
16. Rental Amount for movable equipment: \$ 102,844
- Description:
- See Attached

(Attach a schedule detailing the breakdown of movable equipment)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:
- Beginning
- Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	\$
13.	/2006	\$
14.	/2007	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$ 9,244	\$ 849		\$ 10,093	1
2	Licensed Speech and Language Development Therapist		hrs			6,936			6,936	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			47,510	644		48,154	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	2562		79,830			6,051	2,562	85,881	12
13	Other (specify): Medicare Therapy					489,163			489,163	13
14	TOTAL			\$ 79,830		\$ 552,853	\$ 7,544	2,562	\$ 640,227	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 739	\$ 304,458	1
2	Cash-Patient Deposits	42,396		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 648,104)	860,028	1,280,526	3
4	Supply Inventory (priced at Cost)	23,633	54,547	4
5	Short-Term Investments		114,417	5
6	Prepaid Insurance	62,650	233,059	6
7	Other Prepaid Expenses	7,478	70,469	7
8	Accounts Receivable (owners or related parties)	1,416,405	14,687,051	8
9	Other(specify): Surety Bond Escrow	75,087	757,867	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,488,416	\$ 17,502,394	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		921,501	13
14	Buildings, at Historical Cost		22,749,670	14
15	Leasehold Improvements, at Historical Cost		702,333	15
16	Equipment, at Historical Cost		5,609,195	16
17	Accumulated Depreciation (book methods)		(22,708,371)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Estate Rec / See Attached	671,179	5,279,855	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 671,179	\$ 12,554,183	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,159,595	\$ 30,056,577	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 235,600	\$ 1,934,043	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	25,248	210,529	28
29	Short-Term Notes Payable	174,139	15,031,783	29
30	Accrued Salaries Payable	243,694	830,618	30
31	Accrued Taxes Payable (excluding real estate taxes)	4,783	18,132	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Due to Affiliates</u>	3,162,323	28,528,412	36
37			311,790	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,845,787	\$ 46,865,307	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,845,787	\$ 46,865,307	46
47	TOTAL EQUITY (page 18, line 24)	\$ (686,192)	\$ (16,808,730)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,159,595	\$ 30,056,577	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 566,285	1
2	Restatements (describe):		2
3	Audit Adjustment	(1,646)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 564,639	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,258,798)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Restricted Donations	7,967	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,250,831)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (686,192)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 13,748,245	1
2	Discounts and Allowances for all Levels	(6,255,624)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,492,621	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,022,477	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,022,477	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	1,112	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	133,314	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	7,816	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	24,095	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 166,337	23
	D. Non-Operating Revenue		
24	Contributions	715,755	24
25	Interest and Other Investment Income***	2,902	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 718,657	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Bus Rental	4,040	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,040	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,404,132	30

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,480,795	31
32	Health Care	5,136,034	32
33	General Administration	3,287,608	33
	B. Capital Expense		
34	Ownership	595,963	34
	C. Ancillary Expense		
35	Special Cost Centers	38,822	35
36	Provider Participation Fee	123,708	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,662,930	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,258,798)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,258,798)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? NO If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,874	2,080	\$ 69,086	\$ 33.21	1
2	Assistant Director of Nursing	1,874	2,080	65,179	31.34	2
3	Registered Nurses	35,856	40,014	1,068,474	26.70	3
4	Licensed Practical Nurses	27,232	30,754	659,307	21.44	4
5	Nurse Aides & Orderlies	112,966	125,751	1,633,600	12.99	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,924	2,080	32,464	15.61	9
10	Activity Assistants	5,448	5,886	70,766	12.02	10
11	Social Service Workers	9,626	10,630	172,617	16.24	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	5,766	6,384	80,239	12.57	14
15	Cook Helpers/Assistants	43,606	48,010	438,343	9.13	15
16	Dishwashers					16
17	Maintenance Workers	10,533	11,540	168,017	14.56	17
18	Housekeepers	26,700	29,719	268,417	9.03	18
19	Laundry	7,423	8,276	84,297	10.19	19
20	Administrator	2,274	2,480	86,642	34.94	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,429	2,788	41,797	14.99	23
24	Clerical	6,490	7,113	101,001	14.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	8,966	10,046	141,958	14.13	31
32	Other Health Care(specify)					32
33	Other(specify) Drivers	770	878	11,355	12.93	33
34	TOTAL (lines 1 - 33)	311,757	346,509	\$ 5,193,559 *	\$ 14.99	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$ 227,608	1-3	35
36	Medical Director		40,270	9-3	36
37	Medical Records Consultant	12	540	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		2,145	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	3	146	10a-3	42
43	Speech Therapy Consultant				43
44	Activity Consultant	52	2,812	11-3	44
45	Social Service Consultant	20	1,000	12.3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	87	\$ 274,521		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	16	\$ 803	10-3	50
51	Licensed Practical Nurses	1,416	54,757	10-3	51
52	Nurse Aides	166	2,811	10-3	52
53	TOTAL (lines 50 - 52)	1,598	\$ 58,371		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES										
A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description	Amount		Description	Amount		
Jane Muller	Administrator	0	\$ 12,229	Workers' Compensation Insurance	\$ 180,921		IDPH License Fee	\$		
Kathy Wiggins	Administrator	0	74,413	Unemployment Compensation Insurance	71,330		Advertising: Employee Recruitment			
				FICA Taxes	389,726		Health Care Worker Background Check			
				Employee Health Insurance	647,550		(Indicate # of checks performed 62)		434	
				Employee Meals			Pulic Relations		7,992	
				Illinois Municipal Retirement Fund (IMRF)*			Association Dues		21,495	
				Life/Disability Insurance	19,868		Subscriptions/Reference Publications		1,353	
TOTAL (agree to Schedule V, line 17, col. 1)				Pension(TSA)	33,914		Allocation Schedule VII-B		362	
(List each licensed administrator separately.)			\$ 86,642	Vent. Benefits Reclassified	(16,549)		Allocation Schedule VIII-B		981	
B. Administrative - Other				Staff Medical Exams	5,515					
Description			Amount	Staff Uniforms/Employee Relations/Etc	9,055		Less: Public Relations Expense		(7,992)	
None			\$	Allocation Schedule VII-B	8,315		Non-allowable advertising	()
				Allocation Schedule VIII-B	43,858		Yellow page advertising	()
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,393,503		TOTAL (agree to Sch. V, line 20, col. 8)	\$	24,625	
TOTAL (agree to Schedule V, line 17, col. 3)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount		
C. Professional Services							Out-of-State Travel	\$		
Vendor/Payee	Type		Amount	None						
Lifelink Corporation	Mgmt Fee		\$ 87,087				In-State Travel			
Lifelink Corporation	Data Processing		94,541							
Lifelink Corp & BHS	Allocated G & A		793,690							
Centers for Medicare	Fine		4,600							
American Express	Billing Review		7,026							
Reingruber & Company	Medicare Consultant		4,477							
Joint Commission	Accreditation		4,300							
Revere Health Care	A/R & Cost Containment		31,529				Seminar Expense		3,865	
	Consultants						Allocation Schedule VII-B		89	
Michael Best & Fried	Legal Services		406				Allocation Schedule VIII-B		1,176	
Duane, Morris & Heck	Legal Services		579							
Various	Legal Services		405				Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)			
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 1,028,640				TOTAL	\$	5,130	

* Attach copy of IMRF notifications

**See instructions.

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO

(2) Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount. LSN/AAHSA \$8,505

(3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5-10 YRS

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 54,115 Line 10-2

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 123,708
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ 0

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? NONE
d. Have vehicle usage logs been maintained? YES
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____

(17) Has an audit been performed by an independent certified public accounting firm? _____
Firm Name: KPMG The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. AUDIT HAS NOT BEEN ISSUED

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES

(19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/03 - 06/30/04

IX INTEREST EXPENSE

FACILITY NUMBEINAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

THE BENSENVILLE HOME SOCIETY (BHS) IN CONJUNCTION WITH ITS AFFILIATED CORPORATIONS, LIFELINK AND BRIDGEWAY OF BENSENVILLE, HAVE ISSUED 1989A, 1995A, AND 1998 BONDS THRU THE ILLINOIS HEALTH FACILITY AUTHORITY ON VARIOUS DATES. SEE COPY OF OFFICIAL STATEMENTS ATTACHED. THE 1989B AND 1995B BONDS WERE RETIRED WITH THE ISSUANCE OF THE 1998 BONDS.

INTEREST PAID AND ACCRUED

1989A SERIES	35,784
1995A SERIES	111,056
1998 SERIES	985,975

LETTER OF CREDIT AND OTHER FEES

1989A SERIES	56,514
1995A SERIES	136,210
1998 SERIES	5,389
TOTAL	<u>1,330,928</u>

INTEREST HAS BEEN ALLOCATED BASED ON THE USE OF THE BOND PROCEEDS.

ANCHORAGE OF BENSENVILLE	34.2% OF 1989 BONDS	31,562
	13.2% OF 1995 BONDS	32,615
	8.8% OF 1998 BONDS	87,474
	TOTAL	<u>151,651</u>
ANCHORAGE OF BEECHER	44.5% OF 1989 BONDS	41,074
	11.5% OF 1998 BONDS	113,814
	TOTAL	<u>154,888</u>
PINE ACRES CARE CENTER	30.3% OF 1995 BONDS	75,030
OTHER*		949,359
TOTAL		<u>1,330,928</u>

* CORPORATE AND PARENT CORPORATE OFFICES AND NON-CARE RELATED.

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 7/1/03 - 6/30/04

XII B. # 16 EQUIPMENT RENTAL (PAGE14)

1. ARCH COMMUNICATIONS		
PAGERS FOR:		
ACTIVITIES	65.15	
ADMINISTRATION	17.03	
FOOD SERVICE	525.99	
HOUSEKEEPING	182.91	
LAUNDRY	55.20	
MAINTENANCE	635.36	
NURSING	551.79	
TRANSPORTATION	4.75	2,038.18
2. MORRISON SENIOR DINNING		
KITCHEN EQUIPMENT		6,106.29
3. CENTRAD		
OXYGEN CONCENTRATORS AND VARIOUS		
OTHER OXYGEN RELATED EQUIPMENT		14,800.00
4. CITICORP VENDOR FINANCIAL		
COPIER		3,785.91
5. HICKLEY SPRINGS		
WATER STATIONS		135.94
6. KREG THERAPEUTICS		
ORTHODERM	1,200.00	
ROHO DRY FLOTATION	40.00	
STARMATT	21,290.00	
STAGE IV 2000	252.00	
STAGE IV 3000	1,036.00	
MICROAIR 3500	21,458.00	45,276.00
7. LEASECOMM		
ULTRASOUND		8,400.00
8. KCI THERAPEUTIC SERVICES		
WOUND VAC		4,433.20
9. MINOLTA BUSINESS SYSTEMS		
COPIER		12,181.23
10. ONTAP		
WATER PURIFICATION		904.50
11. LTR CORP.		
ACP EQUIPMENT		3,966.67
12. TECHNICARE MEDICAL		
CONCENTRATOR		96.00
13. WEST SANITATION		
CLEANING SUPPLIES		719.58
		102,843.50

DESCRIPTION OF LINE 24, SCHEDULE V:

NAME	JOB TITLE	DATE	LOCATION	SEM. TITLE	SPONSOR	COST
KAREN VINSON IDA HATFIELD	D.O.N. ASSISTANT D.O.N.	10/9/2003	SPRINGFIELD	SURVEY 2003: WHATS CHANGED	LSN	\$267.00
KATHY WIGGINS KAREN VINSON	ADMINISTRATOR D.O.N.	12/3 - 12/5/03	GALENA	NURSE LEADERSHIP CONFERENCE	LSN	\$1,050.00
KATHY WIGGINS KAREN VINSON IDA HATFIELD CHRISTINE JORNS TIFFANY DEMKE AMY WETESKA ELENOR STEVENS VERA HOLLINS CHRISTINE DAQUIAOAG	ADMINISTRATOR D.O.N. ASSISTANT D.O.N. SOC. SERV. DIR. SOC. SERV. COOR. SOC. SERV. COOR. ACTIVITIES DIRECTOR ACTIVITES COOR. ACTIVITES COOR.	3/31 - 4/2/04	CHICAGO	LSN CONFERENCE	LSN	\$885.00
IDA HATFIELD TIFFANY DEMKE CHRISTINE JORNS TERRY GILTNER SARAH BOOTZ JULIE CZERNIK MARY DINGELDEIN	ASSISTANT D.O.N. SOC. SERV. COOR. SOC. SERV. DIR. CARE PLAN COORDINAT CLINICAL DIETITIAN CLINICAL DIETITIAN ACTIVITES COOR.	1/22/2004 1/29/2004 2/5/2004 2/12/2004 2/19/2004 2/26/2004 3/4/2004	AUDIO SEMINAR MASTERING THE MDS		LSN	\$1,098.00
ALL OTHER SEMINARS LESS THAN \$250.00:						\$565.00
ALLOCATED COSTS - SCHEDULE VII B:						\$89.00
ALLOCATED COSTS - SCHEDULE VIII B:						\$1,176.00
SUB-TOTAL						\$5,130.00
OUT OF STATE SEMINARS/CONFERENCES						
TOTAL						\$5,130.00

FACILITY ID#: 0014258

FACILITY NAME: ANCHORAGE OF BENSENVILLE
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD: 07/01/03 - 06/30/04

SCHEDULE XIV - EXCEPTIONAL CARE REPORT

<u>RESIDENT NAME</u>	<u>DATES OF SERVICE</u>	<u>NUMBER OF DAYS</u>	<u>ADDITIONAL STAFFING</u>	<u>SUPPLY COST</u>	<u>EQUIPMENT COST</u>	<u>DISPOSAL COST</u>	<u>CONSULTANT TRAINING</u>	<u>TOTAL</u>
GREG BUDINGER	07/01/02- 06/30/03	366	79,830	6,051	10,096	280	1,200	97,457
TOTAL		366	79,830	6,051	10,096	280	1,200	97,457

RN/LPN STAFF AND CONTRACTED							
<u>PAYROLL</u>	<u>HOURS</u>	AVERAGE HOURLY <u>RATE</u>	<u>HOURS PER DAY</u>	<u>DAYS OF CARE</u>	<u>EXCEPTIONAL CARE SALARY</u>	<u>TAX & BENEFIT GROSS UP</u>	EXCEPTIONAL CARE <u>STAFF COSTS</u>
1,783,341	72,200	24.70	7	366	63,281	1.2615	79,830
A	B	A/B=C	D	E	C*D*E=F	G	F*G
TAX AND BENEFIT %			1,357,879/5,193,559		26.15%		

LIFELINK CORPORATION
BENSENVILLE HOME SOCIETY

ANCHORAGE OF BENSENVILLE	#	0014258
ANCHORAGE OF BEECHER	#	0033803
PINE ACRES CARE CENTER	#	0039289
PEOTONE SENIOR LIVING CENTER	#	0005066

SCHEDULE VII-A

ATTACHED ARE LISTS OF THE BOARD OF DIRECTORS FOR LIFELINK CORPORATION AND BENSENVILLE HOME SOCIETY.

NONE OF THESE DIRECTORS PROVIDE ANY SERVICES TO EITHER CORPORATION NOR DO THEY HAVE ANY OWNERSHIP IN ANY ENTITY THAT DOES BUSINESS WITH EITHER CORPORATION.

SCHEDULE VII-A3

NAME	CITY	TYPE OF BUSINESS
Hoyleton Youth and Family Services	Hoyleton	Social Services
Hoyleton Children's Home Foundation	Hoyleton	Fund Raising

BENSENVILLE HOME SOCIETY
SCHEDULE VII-B
6/30/2004

RECAP

LINE #	DESCRIPTION	0014258	0033803	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	-	-	-
11	ACTIVITIES	32,638	8,333	3,472
17	ADMINISTRATIVE	21,022	15,766	15,766
19	PROFESSIONAL SERVICES	170	43	18
20	FEES, SUBSCRIPTIONS, PROM.	362	93	39
21	GENERAL OFFICE EXPENSE	1,365	757	677
22	EMPLOYMENT BENEFITS & TX.	8,315	4,977	4,598
24	TRAVEL AND SEMINARS	89	23	10
25	OTHER STAFF TRANSPORT.	3,386	1,458	1,133
34	RENT-FACILITIES & GROUND	-	-	-
35	RENTAL EQUIPMENT	-	-	-
TOTAL		67,347	31,450	25,712

VICE PRESIDENT OF HEALTH CARE (020-050)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	-	-	-	-	-	-
11	ACTIVITIES	-	-	-	-	-	-
17	ADMINISTRATIVE	52,554	-	52,554	21,022	15,766	15,766
19	PROFESSIONAL SERVICES	24,183	24,183	-	-	-	-
20	FEES, SUBSCRIPTIONS, PROM.	12,599	12,599	-	-	-	-
21	GENERAL OFFICE EXPENSE	2,064	-	2,064	826	619	619
22	EMPLOYMENT BENEFITS & TX.	14,425	-	14,425	5,770	4,328	4,328
24	TRAVEL AND SEMINARS	-	-	-	-	-	-
25	OTHER STAFF TRANSPORT.	3,000	-	3,000	1,200	900	900
34	RENT-FACILITIES & GROUND	9,588	9,588	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		118,413	46,370	72,043	28,817	21,613	21,613
ALLOCATION %					40.0%	30.0%	30.0%

PASTORAL CARE(020-150)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	314	314	-	-	-	-
11	ACTIVITIES	69,442	-	69,442	32,638	8,333	3,472
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	362	-	362	170	43	18
20	FEES, SUBSCRIPTIONS, PROM.	771	-	771	362	93	39
21	GENERAL OFFICE EXPENSE	1,148	-	1,148	540	138	57
22	EMPLOYMENT BENEFITS & TX.	5,414	-	5,414	2,545	650	271
24	TRAVEL AND SEMINARS	190	-	190	89	23	10
25	OTHER STAFF TRANSPORT.	4,652	-	4,652	2,186	558	233
34	RENT-FACILITIES & GROUND	2,112	2,112	-	-	-	-
35	RENTAL EQUIPMENT	115	115	-	-	-	-
TOTAL		84,520	2,541	81,979	38,530	9,837	4,099
ALLOCATION %					47.0%	12.0%	5.0%

RECAP

LINE #	DESCRIPTION	0014258	0033803	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	-	-	-
17	ADMINISTRATIVE	211,186	95,855	85,019
19	PROFESSIONAL SERVICES	49,759	22,585	20,032
20	FEES, SUBSCRIPTIONS, PROM.	981	445	395
21	GENERAL OFFICE EXPENSE	10,719	4,865	4,315
22	EMPLOYMENT BENEFITS & TX.	43,858	19,907	17,656
24	TRAVEL AND SEMINARS	1,176	534	473
25	OTHER STAFF TRANSPORT.	4,914	2,230	1,978
26	INSURANCE	-	-	-
34	RENT-FACILITIES & GROUND	-	-	-
35	RENTAL EQUIPMENT	151	68	61
TOTAL		322,742	146,490	129,930
ALLOCATION		18.02%	8.18%	7.25%

LINE #	DESCRIPTION	LIFELINK ADMINISTRATION (010)			LIFELINK BOARD & CORPORATE (020)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	642	642	-	-	-	-
17	ADMINISTRATIVE	611,874	291,456	320,418	-	-	-
19	PROFESSIONAL SERVICES	147,729	147,635	94	9,845	-	9,845
20	FEES, SUBSCRIPTIONS, PROM.	1,760	187	1,573	-	-	-
21	GENERAL OFFICE EXPENSE	15,559	-	15,559	41	-	41
22	EMPLOYMENT BENEFITS & TX.	105,346	50,180	55,166	-	-	-
24	TRAVEL AND SEMINARS	14,183	7,655	6,528	-	-	-
25	OTHER STAFF TRANSPORT.	17,555	-	17,555	-	-	-
26	INSURANCE	-	-	-	2,222	2,222	-
34	RENT-FACILITIES & GROUND	32,064	32,064	-	-	-	-
35	RENTAL EQUIPMENT	476	-	476	-	-	-
TOTAL		947,188	529,819	417,369	12,108	2,222	9,886

LINE #	DESCRIPTION	LIFELINK BUSINESS OFFICE (030)			LIFELINK SUPPORT SERVICES (080)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	133	133	-	-	-	-
17	ADMINISTRATIVE	594,408	46,577	547,831	154,567	28,256	126,311
19	PROFESSIONAL SERVICES	586,670	417,829	168,841	890	863	27
20	FEES, SUBSCRIPTIONS, PROM.	2,549	-	2,549	844	235	609
21	GENERAL OFFICE EXPENSE	18,839	-	18,839	919	-	919
22	EMPLOYMENT BENEFITS & TX.	130,481	10,224	120,257	35,065	6,410	28,655
24	TRAVEL AND SEMINARS	3,121	3,121	-	2,032	2,032	-
25	OTHER STAFF TRANSPORT.	5,252	-	5,252	4,400	-	4,400
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	59,136	59,136	-	9,792	9,792	-
35	RENTAL EQUIPMENT	301	-	301	-	-	-
TOTAL		1,400,890	537,020	863,870	208,509	47,588	160,921

LINE #	DESCRIPTION	LIFELINK MATERIALS HANDLING (110)			LIFELINK HUMAN RESOURCES (120)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	-	-	50	50	-
17	ADMINISTRATIVE	67,095	-	67,095	110,534	-	110,534
19	PROFESSIONAL SERVICES	4,131	-	4,131	22,307	75	22,232
20	FEES, SUBSCRIPTIONS, PROM.	434	-	434	282	-	282
21	GENERAL OFFICE EXPENSE	2,591	-	2,591	12,081	3,170	8,911
22	EMPLOYMENT BENEFITS & TX.	23,900	-	23,900	15,454	-	15,454
24	TRAVEL AND SEMINARS	-	-	-	-	-	-
25	OTHER STAFF TRANSPORT.	68	-	68	-	-	-
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	828	828	-	23,112	23,112	-
35	RENTAL EQUIPMENT	59	-	59	-	-	-
TOTAL		99,106	828	98,278	183,620	26,407	157,413

LINE #	DESCRIPTION	BHS G&A BOARD & CORPORATE (010-020)			GRAND TOTAL		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	-	-	825	825	-
17	ADMINISTRATIVE	-	-	-	1,538,478	366,289	1,172,189
19	PROFESSIONAL SERVICES	71,036	20	71,016	842,608	566,422	276,186
20	FEES, SUBSCRIPTIONS, PROM.	-	-	-	5,869	422	5,447
21	GENERAL OFFICE EXPENSE	12,634	-	12,634	62,664	3,170	59,494
22	EMPLOYMENT BENEFITS & TX.	-	-	-	310,246	66,814	243,432
24	TRAVEL AND SEMINARS	-	-	-	19,336	12,808	6,528
25	OTHER STAFF TRANSPORT.	-	-	-	27,275	-	27,275
26	INSURANCE	1,756	1,756	-	3,978	3,978	-
34	RENT-FACILITIES & GROUND	-	-	-	124,932	124,932	-
35	RENTAL EQUIPMENT	-	-	-	836	-	836
TOTAL		85,426	1,776	83,650	2,937,047	1,145,660	1,791,387

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/03 - 06/30/04

FACILITY NUMBER NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0039289	PINE ACRES CARE CENTER

SCHEDULE XV BALANCE SHEET (AFTER CONSOLIDATION)

LINE 23 - OTHER

BENEFICIAL INTEREST IN PERPETUAL TRUST	4,252,710
STUDENT LOANS RECEIVABLE	57,903
CASH RESTRICTED FOR STUDENT LOANS	33,524
DEFERRED COSTS AND OTHER INTANGIBLES, NET	708,204
OTHER ASSETS, NET	227,514
	<hr/>
	5,279,855
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BENSENVILLE HOME SOCIETY

SCHEDUAL XI - LINES 9 & 10

1985 / 1986 ALLOCATION OF RENOVATION COSTS FOR THE CFS BUILDING

	<u>1985</u>	<u>1986</u>	
CONSTRUCTION COSTS:	1,735,410	133,721	
CURRENT DEPRECIATION:	43,385	3,343	
FACILITY FY 2002:	<u>BENSENVILLE</u>	<u>BEECHER</u>	<u>PINE ACRES</u>
FACILITY OPERATING EXP. (A)	11,662,930	5,293,690	4,695,279
TOTAL OPERATING EXP. (B)	64,735,304	64,735,304	64,735,304
(A) / (B)	18.02%	8.18%	7.25%
1985 COST PERCENTAGE	312,657	141,912	125,870
1985 DEPRECIATION PERCENT.	7,816	3,548	3,147
1986 COST PERCENTAGE	24,092	10,935	9,699
1986 DEPRECIATION PERCENT.	602	273	242

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/03 - 06/30/04

FACILITY NUMBER NAME

0014258 ANCHORAGE OF BENSENVILLE

SCHEDULE XVII - LINE 41

	(1) BENSENVILLE HOME <u>SOCIETY</u>	(2) <u>FACILITY</u>	BHS RELATED <u>(1) - (2)</u>
<u>ANCHORAGE OF BENSENVILLE</u>			
REVENUES	35,152,192	10,404,132	24,748,060
EXPENSES	37,526,218	11,662,930	25,863,288
NET INCOME (LOSS) FROM OPERATIONS	<u>(2,374,026)</u>	<u>(1,258,798)</u>	<u>(1,115,228)</u>

FACILITY ID#: 0014258
FACILITY NAME: ANCHORAGE OF BENSENVILLE
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD: 07/01/03 - 06/30/04

SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS:

1.	LINE 1 DIETARY	6,106	
	LINE 3 HOUSEKEEPING	720	
	LINE 10 NURSING & RECORD KEEPING	62,077	
	LINE 21 CLERICAL & GENERAL OFFICE	19,196	
	LINE 39 ANCILLARY SERVICE CENTER	14,896	
	LINE 35 RENT - EQUIPMENT		102,995
	TO RECLASSIFY RENTAL EQUIPMENT TO PROPER ACCOUNTS PER SCHEDULE XII B #16.		
2.	LINE 11 ACTIVITIES	32,638	
	LINE 17 ADMINISTRATIVE	21,022	
	LINE 19 PROFESSIONAL SERVICES		67,177
	LINE 20 FEES, SUBSCRIPTIONS, PROM.	362	
	LINE 21 CLERICAL & GENERAL OFFICE	1,365	
	LINE 22 EMPLOYMENT BENEFITS & TAXES	6,315	
	LINE 24 TRAVEL & SEMINARS	89	
	LINE 25 OTHER STAFF TRANSPORTATION	3,386	
	TO RECLASSIFY MANAGEMENT FEES FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS.		
3.	LINE 41 GIFT & COFFEE SHOP	1,112	
	LINE 2 FOOD PURCHASES		83
	LINE 11 ACTIVITIES		1,029
	TO RECLASSIFY COFFEE SHOP EXPENSES		
4.	LINE 39 ANCILLARY SERVICE CENTER	63,281	
	LINE 10 NURSING & RECORD KEEPING		63,281
	TO RECLASSIFY RN OR LPN TIME TO VENTILATOR CARE BEDS. REPRESENTS NURSING STAFF REQUIRED. AMOUNT COMPUTED BASED ON AVERAGE HOURLY RATE OF STAFF TIME AS DETERMINED BY SCHEDULE XVIII. (7 HOURS X 365 DAYS X 23.96 PER HOUR)		
5.	LINE 39 ANCILLARY SERVICE CENTER	16,549	
	LINE 22 EMPLOYMENT BENEFITS & TAXES		16,549
	TO RECLASSIFY EMPLOYEE BENEFITS AND PAYROLL TAXES RELATED TO VENTILATOR SALARIES IN ADJUSTMENT # 4 ABOVE.		
6.	LINE 39 ANCILLARY SERVICE CENTER	280	
	LINE 6 MAINTENANCE		280
	TO RECLASSIFY COST OF INFECTIOUS WASTE DISPOSAL FOR VENTILATOR PAITENTS.		
7.	LINE 39 ANCILLARY SERVICE CENTER	6,051	
	LINE 10 NURSING & RECORD KEEPING		6,051
	TO RECLASSIFY VENTILATOR SUPPLIES TO PROPER LINE.		

FACILITY ID#: 0014258
FACILITY NAME: ANCHORAGE OF BENSENVILLE
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD: 07/01/03 - 06/30/04

SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS:

8.	LINE 17 ADMINISTRATIVE	211,186	
	LINE 19 PROFESSIONAL SERVICES		272,985
	LINE 20 FEES, SUBSCRIPTIONS, PROM.	981	
	LINE 21 CLERICAL & GENERAL OFFICE	10,719	
	LINE 22 EMPLOYMENT BENEFITS & TAXES	43,658	
	LINE 24 TRAVEL & SEMINARS	1,176	
	LINE 25 OTHER STAFF TRANSPORTATION	4,914	
	LINE 35 RENT - EQUIPMENT	151	
	TO RECLASSIFY ALLOCATED MANAGEMENT AND GENERAL COSTS FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS.		

RECAP ABOVE ENTRIES

LINE 1 DIETARY	6,106	
LINE 2 FOOD PURCHASES		83
LINE 3 HOUSEKEEPING	720	
LINE 6 MAINTENANCE		280
LINE 10 NURSING & RECORD KEEPING		7,255
LINE 11 ACTIVITIES	31,609	
LINE 17 ADMINISTRATIVE	232,208	
LINE 19 PROFESSIONAL SERVICES		340,162
LINE 20 FEES, SUBSCRIPTIONS, PROM.	1,343	
LINE 21 CLERICAL & GENERAL OFFICE	31,280	
LINE 22 EMPLOYMENT BENEFITS & TAXES	35,624	
LINE 24 TRAVEL & SEMINARS	1,265	
LINE 25 OTHER STAFF TRANSPORTATION	8,300	
LINE 35 RENT - EQUIPMENT		102,844
LINE 39 ANCILLARY SERVICE CENTER	101,057	
LINE 41 GIFT & COFFEE SHOP	1,112	